## **NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A**

Type or Print Clearly							
Full Name Bernard W.	Bluhm		Work Addre	ss 105 Pleas	sant ST. Con	cock NH	03301
Primary Occupation Program	Vanning & Ren	ew Specialist	e-mail *optional	uhm@dhhs.s	Tate. nh.us	Work Phone	3-271-8388
Name of office, appointment, or employment with government	NH Dep	T of Health	e-mail *optional <u>lobl</u>	es: Burean	of Homeless & H	Journey Sunc	es
A. List below the name, address proprietor, or employee, or ser calendar year. Sources of retires	ved in any oth	er professional or her than federal ret	advisory capacity, and irement and/or disability b	from which any	income in excess of	r was an officer, d \$10 RECE	epideing the preceding
1. NH Dept. of H	ath & Hu	mun susie	es (Sep abore)			APR TO	6 2009
2.						NEW HA	M <b>209</b> HIRE
3.						SECRETAR	M. P.S. FATE
If you have no qualifying income	e indicate by wr	riting your initials r	next to the following state	ement.	My income does r		Y OF STATE
<ul> <li>B. Indicate below whether you or reportable special interest in an discipline a licensee or permitte financial effect on you or a famil</li> </ul>	item on this list e, or other decis	t if a change in law sion by governmen	, a change in administrati nt affecting the listed bus	ve rule, a decisio	n whether or not to a	ward a contract, gr	ant a license or permit,
1. Any profession, occup	pation, or busin	ess licensed or cer	tified by the State of New	Hampshire. List	each such profession	, occupation, or ca	tegory of business
2. Health Care 3. In	surance		, including brokers, opers, and landlords	5. Banking	g or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System		ent use land ent program	9. Restaurants/	II .	0. Sale and distribution	on of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	by the Public		forse or dog racing, or ot nbling	ner legal forms	14. Education	15. Water F	Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax		Interest and Dividends Tax	18. Optional: Sp special inte		ea in which you have a
I have read RSA 15-A and hereby RSA 15-A:9 Penalty. Any perso provisions of this chapter or knoof a misdemeanor.	n who knowing	ly fails to comply w	with the	complete to the	best of my knowledg	ge and belief.	ng
			<u> </u>	Signature	of Reporting Individu	ıal	Date